



Sign up for Medicare Part B now through March 31

Our records show that you don't have Medicare Part B (Medical Insurance). Now's the time to sign up for Part B, if you want this coverage.

- Part B helps cover doctors' services, outpatient care, and more.
- If you want Part B, you have to sign up for it and pay a monthly premium. (Premium details on page 3 in the booklet.)

Note: If you already have Part B or signed up after October 2021, you don't need to apply again and may disregard this letter.

Make these 2 important decisions now:

Decision 1: Should I sign up for Part B?

- If you want Part B, you can sign up now through March 31, 2022. You need both Part A (Hospital Insurance) and Part B to join a Medicare Advantage Plan or buy a Medigap policy.

Medicare will automatically deduct the premium from your monthly Social Security or civil service benefit payments starting in July. If your benefits aren't enough to cover your premium or you don't get benefits, you'll get a bill for your Part B premium every 3 months. You'll get your first bill in June.

- You need both Part A and Part B to join a Medicare Advantage Plan or buy a Medigap policy.
- If you don't want Part B, you don't need to do anything. Part B is optional. However, if you want to sign up later, you may have to wait for your coverage to start and pay a monthly penalty.

! Read pages 3-9 in the booklet to find out if you should sign up for Part B now (based on your situation).

How to sign up for Part B

You have until March 31, 2022 to sign up for Part B. If you sign up, your Part B coverage will start July 1, 2022.

To sign up, fill out the enclosed form. Be sure to:

1. Check the "YES" box and sign the application.
2. Write in your Medicare Number that's printed on your Medicare card.
3. Mail your application by March 31, 2022 (using the envelope in this packet).

You can also sign up by:

- Downloading Form CMS-40B (Application for Enrollment in Medicare Part B) at [Medicare.gov/forms-help-other-resources/medicare-forms](https://www.medicare.gov/forms-help-other-resources/medicare-forms). Complete the application and sign it. Return the completed application to your local Social Security office.
- Calling Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.
- Contacting your local Social Security office.

Note: DO NOT complete the form in this packet if you have employer or union group health plan coverage based on your own, your spouse's, or a family member's current work (if you're disabled). Contact Social Security to find out if you're eligible for the Special Enrollment Period. (Details on page 4 in the booklet.)

Decision 2: If I sign up for Part B, which way should I get Medicare health coverage?

- **Original Medicare**—includes Part A and Part B. You can buy supplemental coverage from a private company to help pay your out-of-pocket costs. You can also add Medicare drug coverage (Part D).

or

- **Medicare Advantage**—a Medicare-approved plan from a private company that bundles your Part A, Part B, and usually drug coverage (Part D) into one plan. Plans may offer some extra benefits that Original Medicare doesn't cover, like vision, hearing, and dental services.

! Go to the next page of this letter and read pages 10-15 in the booklet for additional and important information to make your decision.

Enclosures
CMS Product No. 11873
December 2021

Your Medicare options

There are 2 main ways to get your Medicare coverage:

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.



Part A



Part B



You can add:



Part D



You can also add:



Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.
- In most cases, you’ll need to use doctors who are in the plan’s network.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn’t cover—like vision, hearing, and dental services.



Part A



Part B



Most plans include:



Part D



Some extra benefits

Some plans also include:



Lower out-of-pocket costs

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

2 0 2 2



Sign up for **Part B**

January 1 – March 31



Now's the time to make some important decisions about your Medicare coverage.

Read this booklet carefully before you make any decisions.

Medicare Overview

Medicare Part A (Hospital Insurance)

helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.

Medicare Part B (Medical Insurance)

helps cover services from doctors and other health care providers, outpatient care, durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment), and many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits).

Visit [Medicare.gov/coverage](https://www.Medicare.gov/coverage), or use our “What’s covered” mobile app to find out if your test, item, or service is covered. It’s available for free on both the App Store and Google Play. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Note: If you’re not lawfully present in the U.S., Medicare won’t pay for your Part A and Part B claims, and you can’t join a Medicare Advantage Plan or a Medicare drug plan (Part D).

What does Part B Cost?

You’ll pay a monthly premium for Part B. In 2022, the standard Part B premium is \$170.10. You’ll pay more if you have a higher income. The premium amount can change each year. (Details on page 10.)

If you have limited income and resources, you may be able to get help from your state to pay your Part B premium if you meet certain conditions. (Details on page 16.)



Decision 1: Should I sign up for Part B?

Read this section carefully. **If you don’t sign up for Part B and you don’t have other coverage based on active or current employment, there are some risks:**

- It’s likely you’ll have to pay all of the costs for doctors’ services, outpatient care, medical supplies, and preventive services.
- If you change your mind and want to get Part B later, you’ll have to wait until the next General Enrollment Period (January 1–March 31 each year) to sign up. This means you may go months without medical coverage.

- In most cases, if you get Part B later, you'll also have to pay a **late enrollment penalty** for as long as you have Part B coverage. The penalty is added to your monthly Part B premium, and it goes up the longer you go without Part B coverage. (Cost penalty details on page 8.)

Whether it's best for you to sign up for Part B depends on your situation. The next few pages cover common situations and explain the risks for not signing up for Part B.

Common Situations

I'm still working and have coverage through my employer. Or, my spouse (or my family member, if I'm disabled) is still working and I'm covered through his or her employer:

- You may need to sign up for Part B right away if your employer has less than 20 employees. Check with your benefits administrator to find out if they require you to sign up for Part B. If your employer has 20 or more employees, you may be able to sign up for Part B later during a Special Enrollment Period without a late enrollment penalty if:
 - You're 65 or older, you or your spouse is currently working, and you're covered by an employer or union group health plan based on that current employment.

- You're under 65 and disabled, you or a family member is currently working, and you're covered by an employer or union group health plan based on that current employment. (If the group health plan coverage is based on the current employment of a family member, the employer must have 100 or more employees.)

If you're eligible for this Special Enrollment Period, you can sign up for Part B:

- Anytime while you're covered by the employer or union group health plan based on current employment.
- For up to 8 months after the group health plan coverage or the employment ends, whichever happens first.

I'm retired and have coverage through a former employer, or I have COBRA or VA coverage:

- You may need both Part A and Part B to get full benefits from this coverage, and your current coverage might not pay your medical costs once you're eligible for Medicare.
- You also aren't eligible for this Special Enrollment Period when this coverage ends. This means:
 - You'll have to wait until the next General Enrollment Period (January 1–March 31 each year) to sign up for Part B.

- In most cases, you'll pay a late enrollment penalty that's added to your monthly premium for as long as you have Part B coverage.

Note: If you're retired and have retiree health insurance from a former employer or union, or you have COBRA coverage, Medicare generally will become your primary health insurance. Medicare will pay its part of the costs for any covered health care services you get, and then any amount not covered by Medicare can be submitted to your non-Medicare plan.

I have coverage through the Health Insurance Marketplace® for individuals or families:

You should consider these things when deciding whether to sign up for Part B and stop your Marketplace plan when your Medicare starts.

Generally:

- **You won't qualify for help from the Marketplace to pay your Marketplace premiums or other medical costs.** If you continue to get help to pay your Marketplace premiums after your Medicare Part A eligibility starts, you may have to pay back all or part of the help you got when you file your federal income taxes.
- **Your plan may not renew your Marketplace coverage at the end of the year.** This means you and your family could have a gap in your coverage starting January 1 of the next year.

- **You may not be eligible for a Medicare Special Enrollment Period.** This means you'll have to wait for a General Enrollment Period (January 1–March 31 each year) to sign up, and you may have to pay a late enrollment penalty as long as you have Part B coverage.

I have employer coverage through the Marketplace (sometimes called Small Business Health Options Program or "SHOP" coverage):

You may be able to wait until you stop working or no longer have SHOP coverage to sign up for Part B under a Special Enrollment Period without a penalty. (Details on page 4.) Visit [HealthCare.gov](https://www.healthcare.gov) to learn more.

I have coverage through a private insurance plan (not through the Marketplace or an employer):

- If you get Part B, Medicare will pay its part of the costs for any health care services you get, and then any amount Medicare doesn't cover can be submitted to your private plan.
- If you choose to sign up for Part B later, you won't be eligible for a Special Enrollment Period, so you'll have to wait to sign up. Also, you may have to pay a late enrollment penalty for as long as you have Part B coverage. (Details on page 8.)

I have TRICARE coverage (insurance for active-duty military, military retirees, and their families) or CHAMPVA coverage:

You must have Part B to keep your coverage. However, if you're an active-duty service member or the spouse or dependent child of an active-duty service member, you don't have to get Part B right away.

I have Medicaid:

You should sign up for Part B. Medicare will pay first, and Medicaid will pay second. Your state may also help pay for your Medicare premiums. (Details on page 16.)

I don't have other medical insurance:

You should sign up for Part B, so you have coverage for things like doctors' services or preventive services. Be aware of the risks for not signing up for Part B. (Details on page 3.)

Other things to consider:

You must have Part B to join a Medicare Advantage Plan or buy Medicare Supplement Insurance (Medigap). (Details on pages 10-15.)

How much is the penalty if I sign up later?

If you sign up for Part B later and you aren't eligible for a Special Enrollment Period, you'll pay 10% more for each full 12-month period you could've had Part B

but didn't take it. In most cases, you'll have to pay this late enrollment penalty each time you pay your premiums, for as long as you have Part B. The penalty increases the longer you go without Part B coverage.

Example:

If you waited 2 full years (24 months) to sign up for Part B and didn't qualify for a Special Enrollment Period, you'll have to pay a 20% late enrollment penalty (10% for each full 12-month period that you could have been enrolled), plus your standard Part B monthly premium (\$170.10 in 2022).

$$\begin{aligned}
 & \$170.10 \text{ (2022 Part B standard premium)} \\
 + & \$34.00 \text{ (10\% [of \$170.10] for each full} \\
 & \quad \text{12-month period you could} \\
 & \quad \text{have had Part B)}
 \end{aligned}$$

\$204.10 will be your Part B monthly premium for 2022.

This amount is rounded to the nearest \$.10 and includes the late enrollment penalty.

Note: The example above applies if you delayed signing up for Part B for **24 months**. You don't pay a late enrollment penalty if you sign up before the first full 12-month period has passed or if you qualify for a Special Enrollment Period. (Details on page 4.) The amount could also be different if your income is above a certain amount.



Decision 2: If I sign up for Part B, which way should I get Medicare health coverage?

You have 2 main ways to get your Medicare coverage:

Original Medicare

or

Medicare Advantage

Original Medicare

Original Medicare includes Part A and Part B. When you get services, you'll pay a deductible, and you usually pay 20% of the cost of the Medicare-approved service, called coinsurance.

The deductible for Part B is \$233 in 2022.

With Original Medicare, you:

- Can go to any doctor or hospital that takes Medicare, anywhere in the U.S.
- Don't need a referral to see a specialist, in most cases.
- Can get supplemental coverage (like a Medigap policy) to help pay your remaining out-of-pocket costs (like your 20% coinsurance). (Details on page 14.)
- Generally pay a portion of the cost for each covered service. There's no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage (like a Medigap policy).

- Can join a separate Medicare drug plan. (Details on page 12.)

When you sign up for Part B, you'll have Original Medicare unless you join a Medicare Advantage Plan.

Medicare Advantage (also known as Part C)

Medicare Advantage is an alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually drug coverage (Part D). These plans are approved and follow the rules set by Medicare. The costs in plans vary, and plans may have lower out-of-pocket costs than Original Medicare. **You must have both Medicare Part A and Part B to join.**

With Medicare Advantage, you:

- Can get some extra benefits that Original Medicare doesn't cover—like vision, hearing, and dental services.
- Need to use providers in the plan's network and service area (for non-emergency or non-urgent care).
- May pay a premium for the plan in addition to the monthly Part B premium. Plans may have a \$0 premium or may help pay all or part of your Part B premiums.
- Don't need and can't buy a Medigap policy.

How do I get Medicare Advantage?

If you sign up for Part B, you can join a Medicare Advantage Plan from **April 1–June 30**. Your plan coverage will start July 1 (when your Part B starts).

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to find out which plans are available in your area, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can also contact the plan directly to join.



Do I need Medicare drug coverage (Part D)?

If you don't have prescription drug coverage, or the coverage you have isn't at least as good as Medicare drug coverage (called *creditable coverage*), you should consider joining a Medicare drug plan (also called Part D).

Creditable prescription drug coverage could include drug coverage from a current or former employer or union, TRICARE, Indian Health Service, the Department of Veterans Affairs, or individual health insurance coverage. Your plan must tell you each year if your drug coverage is creditable coverage.

If you want Medicare drug coverage, you can join a Medicare drug plan or a Medicare Advantage Plan that includes drug coverage.

You have up to 3 months after your Medicare coverage first starts to join a Medicare drug plan.

If you don't join a Medicare drug plan when you're first eligible for Medicare, and you don't have creditable prescription drug coverage or Extra Help, you may have to pay a late enrollment penalty, if you join later. Generally, you'll pay this penalty for as long as you have Medicare drug coverage. And, the penalty goes up the longer you wait to join.



Choosing and joining a plan

You can compare ways to get your Medicare coverage and explore how different plans work together. You can also shop and compare plans to find ones that meet your needs. Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), call 1-800-MEDICARE, or contact the plan directly.

If you didn't join a Medicare Advantage Plan or a Medicare drug plan when you were first eligible, you'll have at least one chance each year to make changes to your Medicare coverage:

October 15–December 7: You can join, switch, or drop a Medicare Advantage Plan or a Medicare drug plan during this period each year. Your new coverage will begin on January 1 of the following year.

January 1–March 31: If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch back to Original Medicare (and join a stand-alone Medicare drug plan) once during this time.

Special Enrollment Periods: In certain situations, you may be able to join, switch, or drop Medicare Advantage or Medicare drug plans when certain events happen in your life.



Do I need Medicare Supplement Insurance (Medigap)?

If you choose Original Medicare and don't have other supplemental coverage, a Medigap policy may help pay your out-of-pocket costs (like your 20% coinsurance). Many people who choose Original Medicare also buy a Medigap policy.

You need both Part A and Part B to buy a Medigap policy.

Medigap policies:

- Can cover costs like coinsurance, copayments, and deductibles.
- May offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

- Generally don't cover long-term care (like care in a nursing home), vision, dental, hearing aids, private-duty nursing, or prescription drugs.

When can I get Medigap?

The best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This 6-month period begins on the first day of the month in which you're 65 or older **and** have Part B. (Some states have additional Open Enrollment Periods.)

After this enrollment period, you may not be able to buy a Medigap policy. If you're able to buy one, it may cost more.

Tip: If you buy a Medigap policy during this time, you can buy any Medigap policy sold in your state, even if you have health problems.

If you're under 65, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. If you're able to buy one when you're under 65, it may cost more.

Visit [Medicare.gov](https://www.medicare.gov) to learn more and compare Medigap policies in your area, or call 1-800-MEDICARE.



Help for people with limited income and resources

You may be able to get help paying for some of your health care and prescription drug costs.

- **Medicaid and Medicare Savings Programs**—States have programs that pay Medicare costs for people with limited income and resources. Visit [Medicare.gov](https://www.medicare.gov) to learn more. You can also call 1-800-MEDICARE (1-800-633-4227) to get the number for your state Medicaid office. TTY users can call 1-877-486-2048.
- **Extra Help with Medicare drug costs**—If you have limited income and resources, you may qualify to get help paying your drug costs. To apply for this program, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020), or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.
- **Supplemental Security Income (SSI)**—SSI is a monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind, or 65 or older. For more information, contact Social Security.

Note: If you live in a U.S. Territory, there are different programs to help you

pay your Medicare costs. Call your local Medical Assistance (Medicaid) office to learn more.



Get answers to your Medicare questions

For questions about signing up for Medicare Part A or Part B, visit [socialsecurity.gov](https://www.socialsecurity.gov) or call Social Security at 1-800-772-1213.

For information about Medicare in general, and Medicare health and drug plan choices in your area, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE.

Notes

Notes

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

This product was produced at
U.S. taxpayer expense.



CMS Product No. 11873
December 2021